Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match Application # 1250028990

14 :

Harnett County Central Permitting
PO 8ox 65 Lithington, NC 27546
910-893-7525 Fax 910-893-2793 www.hamett.org/permits

## Application for Residential Building and Trades Permit

Owner's Name: Harnett Developers	Date: _5-2-/2
Site Address: Horse Whisperer Lane	Phone: 919-603-7965
Directions to job site from Lillington: 27 W to Docs Rd L	eft on Docs Rd
Right on Kentucky Derby Lane, Left	on Jockeus Ridge
Right on Horse Whisperer Lane	
Subdivision: Trotters Ridge	Lot: 36
Description of Proposed Work: New Construction	# of Bedrooms:
Heated SF: 2953 Unheated SF: 876 Finished Bonus Room?	Y Crawl Space: Slab:
General Contractor Information	1 Space Sian:
Wilson Construction, INC.	219 603-7965
Building Contractor's Company Name	Telephone
2550 CAPITOL Dr.	Educate winconstruction
Address 46295	Email Address
License #	
Electrical Contractor information	1
Description of Work New Construction Service Size:	
Electrical Contractor's Company Name	919 730-1251
9261 Raleigh Road Benson NC 27864	Telephone
Address	Email Address
21144	
License #	
Mechanical/HVAC Contractor Inform	ation
Description of Work	0.00
Carolina Confort AIT INC.	919 550-7716
Mechanical Contractor's Company Name	Telephone
5212 Us Hary 70 Bus W. ClayTon, NC.	Carolina Contor tair Quahoo. Con Email Address
29077	Email Addition
License #	
Plumbing Contractor Information	<u>n</u>
Description of Work New Construction	# Baths 3
Thorton's Plumbing	
Plumbing Contractor's Company Name	Telephone
3/60-A Onar Rd Clayton NC	
Address 22152	Email Address
License #	
Insulation Contractor Information	
Tatum Insulation	919 661-0999
Insulation Contractor's Company Name & Address	Telephone

Homeowners Applying to Build Their Own Home Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owne Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upo	irs Exemption On request)
Do you own the land on which this building will be constructed?  Yes Yes	No
Have you hired or intend to hire an individual to superintend and manage construction of the project?  Yes Yes	No
Do you intend to directly control & supervise construction activities?  Yes	No
Do you intend to schedule, contract, or directly pay for all phases of construction work to be done?  Yes	No
5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the permit?  Yes	
contractors is correct as known to me and that by signing below I have obtained all subcontractors of bedrooms, building and trade plans, Environmental Health permit changes or propose changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department and all changes.  EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-is as per current fee schedule.  Signature of Owner/Contractor/Officer(s) of Corporation  Date	te plan, sed use ment of
Affidavit for Worker's Compensation N.C.G.S. 87-14  The undersigned applicant being the:	
General Contractor Owner Officer/Agent of the Contractor or Owner	•
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing set forth in the permit:	ing the work
Has three (3) or more employees and has obtained workers' compensation insurance to or	over them.
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance them.	to cover
Has one (1) or more subcontractors(s) who has their own policy of workers' compensation covering themselves.	insurance
Has no more than two (2) employees and no subcontractors.	
While working on the project for which this permit is sought it is understood that the Central Permit Department issuing the permit may require certificates of coverage of worker's compensation insuted insufaction to issuance of the permit and at any time during the permitted work from any person, firm or corporarying out the work.	tting rance prior ration
Sign w/Title: Date: 5-2-	/2

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